

# Political Organization Notice of Section 527 Status

## Part I General Information

**1 Name of organization**

Wisconsin for Falk

**Employer identification number**

45 - 4657382

**2 Mailing address (P.O. box or number, street, and room or suite number)**

P.O. Box 1805

**City or town, state, and ZIP code**

Madison, WI 53701

**3 Check applicable box:**

☒ Initial notice

☐ Amended notice

☐ Final notice

**4a Date established**

03/01/2012

**4b Date of material change**

**5 E-mail address of organization**

wisconsinforfalk@gmail.com

**6a Name of custodian of records**

Michael Vaughn

**6b Custodian's address**

P.O. Box 1805

Madison, WI 53701

**7a Name of contact person**

Michael Vaughn

**7b Contact person's address**

P.O. Box 1805

Madison, WI 53701

**8 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**

P.O. Box 1805

**City or town, state, and ZIP code**

Madison, WI 53701

**9a Election authority**

WI

**9b Election authority identification number**

1100039

## Part II Notification of Claim of Exemption From Filing Certain Forms (see instructions)

**10a** Is this organization claiming exemption from filing Form 8872, Political Organization Report of Contributions and Expenditures, as a qualified state or local political organization? Yes ☐ No ☒

**10b** If 'Yes,' list the state where the organization files reports:

**11** Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes ☐ No ☒

## Part III Purpose

**12 Describe the purpose of the organization**

Wisconsin for Falk will independently advocate for the nomination and election of Kathleen Falk for Governor.

**Part IV List of All Related Entities** (see instructions)

13 Check if the organization has no related entities.....✓

14a	Name of related entity	14b	Relationship	14c	Address
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**Part V List of All Officers, Directors, and Highly Compensated Employees** (see instructions)

15a	Name	15b	Title	15c	Address
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Michael Vaughn	Treasurer	P.O. Box 1805 Madison, WI 53701
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Under penalties of perjury, I declare that the organization named in Part I is to be treated as a tax-exempt organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I am the official authorized to sign this report, and I am signing by entering my name below.

Michael Vaughn

03/01/2012

**Sign  
Here**

Name of authorized official

Date